

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number		10/584,512	
	Filing Date		November 26, 2004	
	First Named Inventor		Harimut S. Engel	
	Title		RECESSED LIGHTING FIXTURE	
	Art Unit		N/A	
	Examiner Name		Unassigned	
		Attorney Docket No.		LA-7690-104

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 000167

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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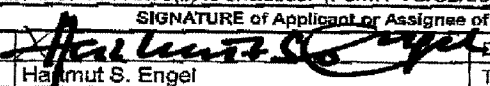
City:  State:  Zip:

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

SIGNATURE of Applicant or Assignee of Record			
Signature		Date	2008 03 07
Name	Harimut S. Engel	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.